AADAC

ANNUAL REPORT
2005–2006

AADAC ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

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I. INTRODUCTION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a Crown agency of the Government of Alberta reporting to the Minister of Health and Wellness. AADAC operates and funds programs and services that address problems related to alcohol, other drugs and gambling, and the commission undertakes related research.

The *AADAC Annual Report 2005-2006* provides a comprehensive accounting of AADAC's activities and achievements. The first section describes the organization and its operations. The second section discusses the commission's three core businesses, Information, Prevention and Treatment, and results achieved relative to the *AADAC Corporate Business Plan 2005/2006-2007/2008*. The final section presents financial information for the 2005-2006 fiscal year.

AADAC also presents a summary of its achievements in the *Alberta Health and Wellness Annual Report 2005/2006*.[1]

[1] Alberta Ministry of Health and Wellness (2006) *Alberta Health and Wellness Annual Report 2005-2006, Section 1*. Edmonton, AB: Author.

II. MESSAGE FROM THE CHAIR

The year 2005–2006 has been another busy and successful one for the Alberta Alcohol and Drug Abuse Commission (AADAC). AADAC staff has provided Albertans with high-quality and cost-effective information, prevention and treatment programs and services. As Chair of the Alberta Alcohol and Drug Abuse Commission (AADAC), I am pleased to present AADAC's Annual Report for 2005–2006. This highlights AADAC's many and varied achievements over the past year.

AADAC is committed to maintaining access to the existing provincial system of addiction services while enhancing the service continuum, particularly for youth. In 2005–2006, service enhancement for Albertans aged 12 to 17 years included the opening of 24 new addiction treatment beds, and the introduction of detoxification and residential treatment programs specifically for youth in Edmonton and Calgary. This expansion will be of tremendous value for youth who require these services to lead healthier lives.

In collaboration with government partners and community groups, AADAC launched the *Alberta Drug Strategy: Stronger Together–A Provincial Framework for Action on Alcohol and Other Drug Use*. The Alberta Drug Strategy sets a vision and an action framework for a co-ordinated, community-based approach to prevent and reduce harm related to alcohol and other drug use in Alberta.

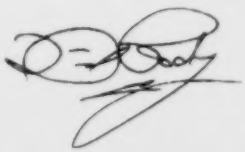
In support of the Alberta Drug Strategy, AADAC also released the Co-ordinated Alberta Response to Methamphetamine. Efforts to reduce the use of, production of, and harm from this drug were introduced across the province. This included new legislation, enhanced treatment, support for more than 50 community drug coalitions, increased law enforcement activities, and education and public awareness projects.

In collaboration with Alberta Gaming and Liquor Commission (AGLC), AADAC is piloting the Responsible Gambling Information Centre at the Palace Casino in Edmonton. Located within the casino, this centre has an AADAC counsellor available to provide information on gambling and assist those concerned about their gambling. A second centre will be opened in Calgary's Deerfoot Casino in 2006–2007.

AADAC continued to lead and co-ordinate the Alberta Tobacco Reduction Strategy (ATRS) in 2005–2006. As a part of the ATRS, AADAC implemented a communications plan to inform Albertans about the introduction of the Smoke-Free Places Act. This legislation sets a minimum provincial standard for protecting minors from second-hand smoke. Also in support of the ATRS, AADAC partnered with the Alberta Lung Association and the Canadian Cancer Society to launch www.albertaquits.ca. This is a web-based cessation program designed to assist people who want to quit smoking.

Complex social problems like addiction require a comprehensive approach and collaboration between ministries, departments, and other key stakeholders. In 2005–2006, AADAC continued to participate in key cross-government strategies such as the Health Innovation and Wellness Initiative, Aboriginal Policy Initiative, Alberta Child and Youth Initiative, and Information and Communication Technology Initiative.

Whether we are delivering programs at the community level or working with provincial, national and international partners, AADAC is continually evolving to enhance the services it provides to Albertans. Staff commitment and willingness to respond to the changing needs of clients and communities is key to AADAC's success. Their dedication will continue to ensure that our quality programs and services remain relevant and effective today, and in the future.



Dave Rodney
MLA, Calgary-Lougheed
Chair, Alberta Alcohol and Drug Abuse Commission

III. OVERVIEW

AADAC ORGANIZATION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a Crown agency of the Government of Alberta and reports to the Minister of Health and Wellness. *The Alcohol and Drug Abuse Act*[1] authorizes AADAC to operate and fund programs and services that address alcohol, other drug and gambling problems, and to undertake related research.

AADAC contributes to the health and well-being of Albertans. To succeed, AADAC focuses on the person and provides opportunities for people to develop their strengths and abilities. AADAC also focuses on the family and community to help build their capacity to identify and meet challenges associated with substance use and gambling.

Vision

AADAC's vision is...

"A healthy society that is free from the harmful effects of alcohol, other drugs and gambling."

Mission

AADAC's mission is...

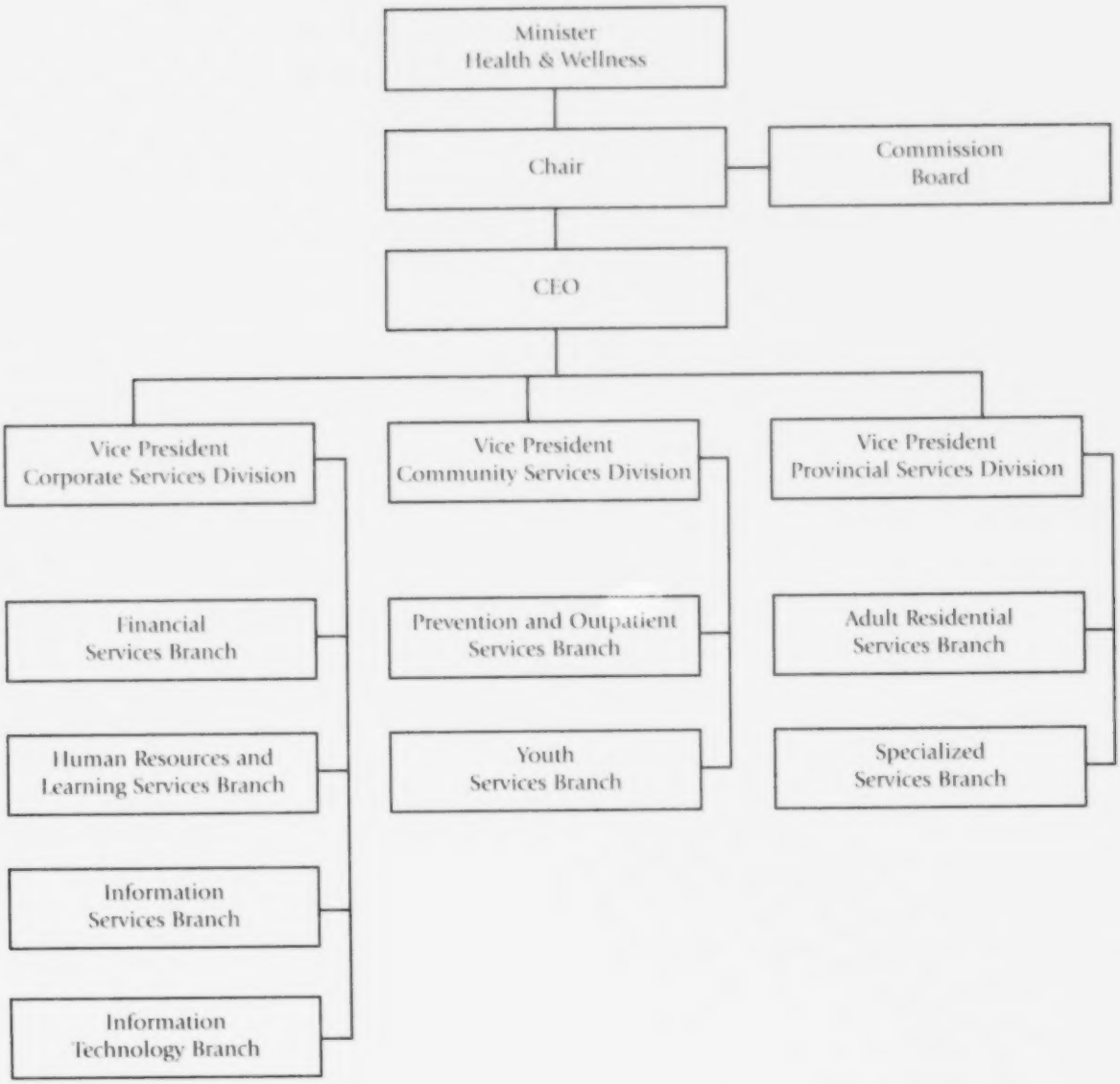
"Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling."

Values

- *We value people, treat them with respect and believe in their ability to succeed.*
- *We value individuals, families and communities as partners in addressing addiction problems.*
- *We value staff and their knowledge, skills, creativity, initiative and expertise.*
- *We value service delivery that is grounded in research and experience.*

[1] *Alcohol and Drug Abuse Act*, RSA 2000, c. A-38.

AADAC Organization Chart



Commission Board

The AADAC Commission Board provides policy direction and sets priorities for the organization. Up to 12 commissioners are appointed by the lieutenant governor in council. The chair is a member of the Legislative Assembly. The commission reports to the Government of Alberta through the Honourable Iris Evans, minister of Health and Wellness. In 2005–2006 the following people were members of the AADAC Commission Board

Mr. Dave Rodney, MLA, Chair	Calgary-Lougheed
Mr. Allen Dietz, Vice Chair	Galahad
Ms. Eunice Gowanlock	Forestburg
Mr. Ed Johnston	Water Valley
Mr. Peter Kossowan	Edmonton
Mr. Jack Laverick	Red Deer
Mrs. Deborah Lloyd	Medicine Hat
Mr. Jon Netelenbos	Calgary
Mrs. Paulette Patterson	Grande Prairie
Mr. Duncan Stewart	Edmonton

The commission board has two standing committees:

Audit Committee—responsible for reviewing and making recommendations to the Board on the Business Plan, audited financial statements, audit reports and systems of internal controls; approving the annual report of the commission; and, managing the administration of the Memorial Trust Fund.

Policy Review Committee—responsible for developing and reviewing evidenced-based policies, positions and perspectives on alcohol, other drugs and gambling topics for approval by the Board.

President and Chief Executive Officer of AADAC

The lieutenant governor in council appoints the president and chief executive officer (CEO) of AADAC. The president and CEO provides leadership for the commission and advice to the minister, chair and commissioners.

President and Chief Executive Officer: Murray Finnerty
Phone: 780-427-2837
Fax: 780-423-1419
E-mail: murray.finnerty@aadac.gov.ab.ca

Community Services Division

Manages AADAC's province-wide network of prevention and outpatient treatment services for adults, and youth services operations including detoxification and residential treatment programs.

Prevention and Outpatient Services Branch—provides a comprehensive range of information, prevention and treatment services through clinics based in Edmonton, Red Deer and Calgary, and through area offices and outreach services located in communities throughout the province. Also includes province-wide opioid dependency treatment with clinics located in Edmonton and Calgary.

Youth Services Branch—provides a comprehensive network of information, prevention and treatment services throughout the province. Includes youth centres in Edmonton and Calgary that offer intensive day treatment programs with residential support, youth detoxification, residential treatment programs and mobile outreach services to targeted sites across the province.

Corporate Services Division

Co-ordinates the management of AADAC's support services.

Financial Services Branch—provides financial management including budget and forecast services, revenues, contracts and risk management.

Human Resource and Learning Services Branch—provides human resource services including recruitment, compensation, pay and benefit administration. Learning Services develops, manages and delivers training for staff and allied professionals.

Information Services Branch—Manages and provides information about alcohol, other drug and gambling addiction issues as well as AADAC's continuum of services. Includes corporate communications, information management, marketing, policy and business planning, research services and resource development.

Information Technology Services Branch—manages and supports AADAC's network infrastructure and desktop services, IT security and systems development.

Provincial Services Division

Manages AADAC's network of residential services for adults, as well as specialized provincial services.

Provincial Services Branch—coordinates the implementation of the Alberta Tobacco Reduction Strategy and the Problem and

Responsible Gambling Strategy, administers grants and contracts to community-based funded services and coordinates AADAC's involvement in cross government and provincial initiatives.

Adult Residential Services Branch—provides medically supported detoxification (Edmonton, Grande Prairie and Calgary), gambling stabilization (Edmonton) and short-term residential treatment services (Edmonton, Grande Prairie and Claresholm). Includes the Business and Industry Clinic (Grande Prairie), which assists employers with specialized workplace substance use concerns and treatment for individuals with cocaine addiction.

AADAC OPERATIONS

Core Businesses

AADAC fulfills its mission through three core businesses:

Information—AADAC provides information on alcohol, other drug and gambling issues, and on AADAC services. Albertans and other stakeholders receive evidence-based information on best practice, current issues and emerging trends. AADAC clinics and offices offer reports, brochures, videos, posters and other resource materials. Information on substance abuse, gambling problems and AADAC services is also accessible on AADAC's website at www.aadac.com.

Prevention—AADAC provides programs and services that help individuals, families and communities avoid harm associated with alcohol, other drugs and gambling. Prevention programs enhance protective factors and reduce risk factors for substance abuse and problem gambling. Prevention services include early intervention, education and training programs.

Treatment—AADAC provides programs and services that help people improve or recover from the harmful effects of alcohol, other drugs and problem gambling. Services include community-based outpatient counselling and day programs as well as short- and long-term residential treatment services that provide a structured environment to assist clients in their recovery. Crisis services include detoxification, emergency counselling, referrals and overnight shelter. Specialized programs are available for youth, women, men, Aboriginal people, business and industry referrals and those with opioid dependency. A toll-free, 24-hour Help Line is available province-wide at 1-866-33AADAC (1-866-332-2322).

AADAC and AADAC Funded Services

AADAC clinics, area offices, institutions and funded services are located in communities throughout the province. Service reach is extended by satellite offices and mobile teams, and through partnerships with community agencies. Albertans have access to basic services where they live and work, with more specialized services available on a regional and provincial basis.

The following chart gives the type and location of AADAC and AADAC funded services available throughout Alberta.

	Shelter	Detoxification	Problem Gambling Services	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Detoxification and Residential Treatment	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long-term)	Prevention/Education	Notes
Airdrie												
AADAC Satellite Office			■			■		■			■	
Athabasca												
AADAC Area Office			■			■		■			■	
Barrhead												
AADAC Area Office			■			■		■			■	
Bonnyville												
Bonnyville Indian Métis Rehabilitation Centre*				26 beds								Aboriginal-based**
Brooks												
AADAC Area Office			■			■		■			■	
Calgary												
AADAC Opioid Dependency Program						■						
AADAC Youth Services Centre			■		■		■	■	■		■	8 residential support beds available
Adult Counselling & Prevention Services			■		■	■					■	
ASSIST Community Services Centre*			■								■ G	youth
Aventa Addiction Treatment for Women*		6 beds	■	20 beds	■	■				10 beds	■	women and families, youth residential support beds, 10 transitional housing beds
Calgary Alpha House Society*	55 mats AD	20 beds AD										adults
Distress Centre*			■			■		■			■	adults and youth
Oxford House*			■							112 beds		adults
Recovery Acres (Calgary) Society*				12 beds AD	■ AD	■ AD				19 beds AD		men, 10 transitional housing beds
Renfrew Recovery Detoxification Centre		40 beds AD										24 hour
Salvation Army*						■				44 beds AD	■	adults
Sunrise Native Addictions Services Society*			■	29 beds	■	■		■		7 beds	■	Aboriginal adults** youth*
Calling Lake												
NCSA Addictions Program*						■ AD		■ AD			■ AD	Aboriginal adults, youth**
Camrose												
AADAC Area Office			■			■		■			■	
Canmore												
AADAC Area Office			■			■		■			■	
Claresholm												
Lander Treatment Centre				48 beds AD								adult, includes family program for collaterals, Beyond Sobriety follow-up program
Cochrane												
AADAC Satellite Office			■			■		■			■	

	Shelter	Detoxification	Problem Gambling Services	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Detoxification and Residential Treatment	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long term)	Prevention/Education	Notes
Cold Lake												
AADAC Area Office			■			■		■			■	
Elizabeth Metis Settlement*			■			■		■			■	Aboriginal-based**
Crowsnest Pass												
AADAC Area Office, Blairmore			■			■		■			■	
Drayton Valley												
AADAC Area Office			■			■		■			■	
Drumheller												
AADAC Area Office			■			■		■			■	
Grace House (Drumheller Society for Recovery)*										11 beds AD		men 18+
Edmonton												
AADAC Opioid Dependency Program						■						
AADAC Recovery Centre		42 beds AD										24 hour
AADAC Youth Services			■		■		■	■	■		■	8 residential beds, 2 crisis stabilization beds
Adult Counselling & Prevention Services			■		■	■					■	
ASSIST Community Services Centre*			■								■ G	youth
George Spady Centre Society*	80 mats AD	20 beds AD										adults, 24 hour
Herbert Treatment Centre			■	72 beds								adults, gender specific, 2 problem gambling stabilization beds
Jellinek Society*										15 beds AD		men 18+
McDougall House Association*			■							14 beds		women 18+, 2 stabilization beds for pregnant women
Our House*										32 beds AD		men 18+
Oxford House*			■							30 beds		adults
Poundmaker's Lodge Outpatient*			■			■		■			■	Aboriginal-based**
Problem Gambling Resources Network (Alberta)*			■								■ G	adults and youth
Recovery Acres (Edmonton) Society*										34 beds AD		men 18+
Edson												
AADAC Area Office			■			■		■			■	
Fishing Lake												
Fishing Lake Metis Settlement*			■			■		■			■	Aboriginal-based**
Fort Macleod												
Foothills Detox Centre*	10 mats AD	12 beds AD										adults 2 extended stay beds
Fort McMurray												
AADAC Area Office			■			■		■			■	
Pastew Place Detox/Access Centre*		16 beds AD									■	adults

	Shelter	Detoxification	Problem Gambling Services	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Detoxification and Residential Treatment	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long-term)	Prevention/Education	Notes
Grande Prairie												
AADAC Area Office			■			■		■			■	
AADAC Business & Industry Clinic				20 beds AD								includes a specialized cocaine program
AADAC Northern Addictions Centre Detox		20 beds										adults, 24 hour, includes gambling stabilization
Residential Treatment Services			4 beds G	19 beds AD								adults, includes a family program
Cool Aid Society of Grande Prairie*											■ AD	youth
High Level												
AADAC Area Office			■			■		■			■	
Action North Recovery Centre*				16 beds AD								adults
High Prairie												
AADAC Area Office			■			■		■			■	
Métis Indian Town Alcohol Association (MITAA)*	10 mats AD	12 beds AD	■			■		■			■	adults and youth
High River												
AADAC Satellite Office			■			■		■			■	
Hinton												
AADAC Area Office			■			■		■			■	
Boys and Girls Club of Hinton*											■ AD	youth
Lac La Biche												
AADAC Area Office			■			■		■			■	
Leduc												
AADAC Satellite Office			■			■		■			■	
Lethbridge												
AADAC Area Office			■			■		■			■	
South Country Treatment Centre*			■	21 beds	■	■						adults
Southern Alcare Manor*										25 beds AD		adults
Lloydminster												
Walter A. "Slim" Thorpe Recovery Centre*		6 beds	■	20 beds	■ AD	■		■		16 beds	■	adult residential. Adults and youth outpatient
Medicine Hat												
AADAC Area Office			■			■		■			■	
Medicine Hat Community Detox Service*		■ AD										home-based detox service
Peace River												
AADAC Area Office			■			■		■			■	
MITAA Peace River Outpatient*			■			■		■			■	adults and youth
Peerless Lake												
Peerless Lake Healing Centre*						■ AD		■ AD			■ AD	adults and youth

	Shelter	Detoxification	Problem Gambling Services	Residential Intensive Treatment	Day Treatment	Adult Outpatient	Youth Detoxification and Residential Treatment	Youth Outpatient	Youth Intensive Treatment	Residential Treatment (long-term)	Prevention/Education	Notes
Red Deer												
AADAC Counselling and Prevention Services			■		■	■		■			■	
Niwichihaw Aboriginal Addiction Counselling Service*			■			■		■			■	Aboriginal adults and youth
Rocky Mountain House												
Rocky Native Friendship Centre*			■			■		■			■	adults and youth**
Sherwood Park												
AADAC Satellite Office			■			■		■			■	
Slave Lake												
AADAC Area Office			■			■		■			■	
St. Albert												
AADAC Satellite Office			■			■		■			■	
Nechi Training, Research & Health Promotions Institute*											■	training for counsellors and administrators
Poundmaker's Lodge Treatment Centre, Adult Residential Treatment Program*			■	47 beds							■	Aboriginal adults**
Stettler												
AADAC Area Office			■			■		■			■	
Stony Plain												
AADAC Satellite Office			■			■		■			■	
St. Paul												
AADAC Area Office			■			■		■			■	
Strathmore												
AADAC Satellite Office			■			■		■			■	
Valleyview												
MITAA Valleyview Outpatient*			■			■		■			■	adults and youth
Vegreville												
Veg Al-Drug Society*			■			■		■			■	adults and youth
Wabasca												
NCSA Addictions Program*						■ AD		■ AD			■ AD	Aboriginal adults, youth**
Wainwright												
AADAC Area Office			■			■		■			■	
Wetaskiwin												
AADAC Area Office			■			■		■			■	
Whitecourt												
AADAC Area Office			■			■		■			■	

AADAC is committed to providing Albertans with current information about its full range of service. Contact your nearest AADAC office or AADAC Funded Service for further information or visit our Web site at **www.aadac.com**

All AADAC offices and AADAC Funded Services provide alcohol, other drug and gambling services unless otherwise indicated

A Alcohol services provided
D Drug services provided
G Gambling services provided
* A service funded by AADAC
** These funded services also take non-Aboriginal referrals

Provincial Services and Web site

AADAC Web site	**www.aadac.com**
AADAC Help Line	**1-866-332-2322**
Smokers Help Line	**1-866-332-2322**

IV. 2004–2005 BUSINESS PLAN RESULTS

The AADAC Corporate Business Plan 2005/2006–2007/2008[1] and the *Alberta Health and Wellness Business Plan 2005–2008*[2] identified AADAC's goals, strategies and planned actions. The following provides a summary of AADAC's achievements and performance in 2005–2006 for each of the commission's core business goals.

Core Business Information

Goal

To inform Albertans about alcohol, other drug and gambling issues and AADAC services.

Achievements

AADAC launched the *Alberta Drug Strategy: Stronger Together–A Provincial Framework for Action on Alcohol and Other Drug Use*. The Alberta Drug Strategy is a comprehensive, collaborative and community-based approach to prevent and reduce harm related to alcohol and other drug use in Alberta. AADAC developed a communications plan to promote the strategy to AADAC staff, community stakeholders, other government ministries and the media.

In support of the Alberta Drug Strategy, AADAC released the *Co-ordinated Alberta Response to Methamphetamine. The Co-ordinated Alberta Response to Methamphetamine* specifically focuses on the use of, production of and harm from methamphetamine and includes new legislation, enhanced treatment, support for more than 50 community drug coalitions, increased law enforcement activities, and education and public awareness projects.

As part of the Alberta Tobacco Reduction Strategy, AADAC developed a Capacity Building and Bylaw Development web page that supports efforts at the local level; helps create partnerships among citizen action groups; and, encourages communication between community coalitions. The website contains an interactive map and database to provide information on the status of municipal smoke-free bylaws and community coalitions, including contact information and bylaw development activities.

AADAC developed and implemented a communications plan to inform Albertans about the introduction of the Smoke-Free Places Act. This legislation sets a minimum provincial standard for protecting minors from second-hand smoke. The communications plan included print and radio ads, a dedicated website (www.smokefreeplaces.com) and call

[1] Alberta Alcohol and Drug Abuse Commission (April, 2005). *AADAC Corporate Business Plan 2005/2006-2007/2008*. Edmonton, AB: Author.

[2] Alberta Ministry of Health and Wellness (March, 2005). *Health and Wellness Business Plan 2005-2008*. Edmonton, AB: Author.

centre, and province-wide public information sessions for municipalities and businesses.

AADAC completed data collection for The Alberta Youth Experience Survey 2005. This province-wide study of junior and senior high students replicates similar research conducted in 2002. Information on gambling and the use of alcohol and other drugs was gathered from more than 4,000 students in 17 Alberta school divisions. Results from the survey are expected in fall 2006.

In June 2005, AADAC hosted the Professional Addictions Conference (PAC 2005). With the theme Insight into Addiction, PAC 2005 provided information on addiction prevention and treatment to almost 600 professionals. The conference featured keynote speakers recognized as leaders in the field of addictions as well as 70 concurrent sessions offering a forum for exchange on innovative developments in Alberta and elsewhere.

Key Performance Measures and Results

Measure—Percentage of Albertans who are aware of AADAC services

Albertans who are aware of AADAC's information, prevention and treatment services are more informed about where to get information on alcohol, other drugs and problem gambling as well as addiction services.

RESULTS

Measure	2002–2003	2003–2004	2004–2005	2005–2006	Target 2005/2006
Percentage of Albertans who are aware of AADAC services	89	89	88	88	90

Source: AADAC Public Opinion Survey, AADAC (2003); Alberta Survey, Population Research Laboratory, University of Alberta (2004, 2005, 2006)

Measure—Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child.

Alcohol consumption during pregnancy can have long-term effects on childhood development. Offering information on these effects can reduce the number of children born with the fetal alcohol spectrum disorder (FASD).

RESULTS

Measure	1999-2000	2003–2004	2004–2005	2005–2006	Target 2005/2006
Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child	89	99	99	98	99

Source: Environics Research Group, Health Canada (2000); Alberta Survey, Population Research Laboratory, University of Alberta (2004, 2005, 2006)

Discussion

In 2005–2006, 88% of Albertans surveyed were aware of AADAC and 98% of Alberta women surveyed were aware that alcohol use during pregnancy can lead to lifelong disabilities in a child. Results for these two measures were within 2% of target and indicate that Albertans are informed about the services offered by AADAC and the risk of alcohol consumption during pregnancy.

Core Business: Prevention

Goal

To prevent the development of, and reduce the harm associated with, alcohol, other drug and gambling problems

Achievements

AADAC developed and aired two television commercials to prevent the use of methamphetamine ("crystal meth") and other drugs in Alberta. These commercials were developed with the input of youth and parents, and depicted the damaging consequence methamphetamine has on the health of the users and their personal relationships and identity. The campaign was done in conjunction with the Co-ordinated Alberta Response to Methamphetamine.

As part of the Alberta Tobacco Reduction Strategy campaign targeting youth and young adults, AADAC developed two new brochures for the Truth About Tobacco series and revised the manual for the BLAST (Building Leadership for Action in Schools Today) program. In addition, funding was provided to 15 post-secondary institutions, non-government and community organizations for projects that focus on innovative approaches to tobacco reduction for young adults.

AADAC also provided grant funding to 58 non-profit organizations and agencies to undertake prevention projects that address the unique needs of their communities in the areas of alcohol, tobacco, other drugs or gambling.

In collaboration with Alberta Gaming and Liquor Commission, AADAC began piloting the Responsible Gambling Information Centre at the Palace Casino in Edmonton. Located within the casino, the centre has an AADAC counsellor available to provide information on gambling and assistance to those concerned about their gambling.

AADAC also helped fund the ASSIST Community Service Centre in Edmonton. ASSIST offers problem gambling education and awareness programs aimed at elementary aged children and their families, especially those from immigrant communities who traditionally may not seek AADAC services.

AADAC participated on the national steering committee and national working group to review and revise *Two Way Street*. The RCMP and Health Canada developed this resource to support parents in having conversations with their children about making healthy decisions regarding the use of alcohol and other drugs, including tobacco.

Key Performance Measures and Results

Measure—Prevalence of smoking among Alberta youth

Because most regular smokers start at an early age, activities focusing on youth prevention are key to reducing the number of smokers in Alberta. A decline in the prevalence of smoking by Alberta youth will have positive long-term impacts on the health care system.

RESULTS

Measure (in percent)	2000–2001	2003–2004	2005–2006	Target 2005/2006
Prevalence of smoking among Alberta youth	18	14	11	14

Source: Canadian Community Health Survey (CCHS), Health Canada (2000/2001, 2003, 2005). Daily and occasional smoking combined for Albertans 12 to 19 years of age.

Measure—Prevalence of regular, heavy drinking among young Albertans

A pattern of regular, heavy drinking is associated with higher risk of experiencing alcohol-related harm. Prevention programs targeting young Albertans are intended to reduce acute and chronic problems associated with this pattern of alcohol consumption.

RESULTS

Measure (in percent)	2000–2001	2003–2004	2005–2006	Target 2005/2006
Prevalence of regular, heavy drinking among young Albertans	34	31	31	31

Source: Health Surveillance, Alberta Health and Wellness (2000–01, 2003); Statistics Canada (2005). Regular, heavy drinking is defined as the consumption of five or more alcoholic drinks on one occasion, 12 or more times a year for Albertans 15 to 29 years of age.

Discussion

Smoking and heavy drinking among young Albertans have declined since 2001. These declines met or exceeded the targets set by AADAC. Of Albertans who participated in the Canadian Community Health Survey, 11% of those aged 12 to 19 years were current smokers (target 14%) and 31% of those aged 15 to 29 years were regular heavy drinkers (target 31%). Results suggest that prevention activities are having a positive influence on tobacco use and alcohol consumption among young Albertans.

Core Business: Treatment

Goal

To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems

Achievements

In 2005–2006, AADAC opened 24 new addiction treatment beds to serve youth aged 12 to 17 years. This includes two four-bed detoxification programs and two eight-bed residential programs in Edmonton and Calgary, enhancing the Commission's existing range of services for youth. The residential program in Edmonton incorporates a group care model, while the program based in Calgary utilizes an adventure therapy wilderness model. Providing two distinct types of residential treatment increases the opportunity for a better match of client to service and increases the prospects of a young person remaining in a program and achieving success.

AADAC also improved access to addiction services by funding three additional community treatment programs. The Salvation Army (Calgary), Our House (Edmonton) and Oxford House (Calgary and Edmonton). In addition, AADAC added 20 front-line service positions across the province.

In partnership with the Alberta Lung Association and the Canadian Cancer Society, AADAC launched www.albertaquits.ca. This is a free, web-based cessation program designed to assist people who want to quit smoking. The online service provides expert advice and support on issues facing people who attempt to quit smoking, including information about withdrawal symptoms, managing stress and dealing with relapse. In 2005–2006, over 6,500 Albertans registered with this service.

In consultation with medical and mental health professionals, AADAC developed *Building Capacity: A Framework for Serving Albertans Affected by Addiction and Mental Health Issues (2005)*. This framework recognizes that many Albertans have combined addictions and mental health problems, and that these complex needs are best met through co-ordinated case management processes. AADAC also developed a new resource, *Working Together*, that provides examples of successful partnerships between addiction and mental health service providers.

AADAC partnered with the Alberta Solicitor General and Public Security, and Calgary Health Region to open the Excel Discovery Pilot Program. This is a treatment program for female young offenders sentenced to open custody who have been assessed as having co-existing addictions and mental health problems. The Excel program in Calgary parallels the Bridges program in Edmonton, which is for male young offenders.

Key Performance Measures and Results

Measure—Percentage of clients who are satisfied with AADAC treatment services

To increase the probability of success, it is important that treatment programs meet the needs and expectations of the clients receiving these services. AADAC surveys clients to assess their level of satisfaction with treatment services received.

RESULTS

Measure	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006	Target 2005/2006
Percentage of clients who are satisfied with AADAC treatment services	95	95	96	95	96	95

Source: AADAC Treatment Follow-up Survey database (2001/2002 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-up Survey (April 2005–March 2006) and Detox Feedback Survey (April 2005–March 2006)

Measure—Percentage of clients reporting they were improved following treatment

AADAC offers a continuum of treatment services that address the individual needs of clients. The intended outcome is client abstinence or an improved level of recovery. AADAC measures clients' improvement following treatment to ensure that programs are effective.

RESULTS

Measure	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006	Target 2005/2006
Percentage of clients reporting they were improved following treatment	93	94	93	92	91	93

Source: AADAC Treatment Follow-up Survey database (2001/2002 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-up Survey (April 2005–March 2006)

Improvement was indicated if clients were "abstinent" or "improved" three months after treatment.

Discussion

In 2005–2006, the target for client satisfaction with treatment services was exceeded; 96% of clients reported they were "somewhat satisfied" or "very satisfied" with the treatment services received. The high level of satisfaction suggests treatment programs are meeting client expectations.

In 2005–2006, the target for clients reporting improvement following treatment was not met. However, results are still very positive with 91% of clients reporting improvement three months after treatment. The change since 2002–2003 may be attributed to increasing complexity of client issues and treatment needs. Results indicate that the intended outcome of abstinence or improved level of recovery continues to be achieved.

Corporate Initiatives

Cross-Ministry Initiatives

Health Innovation and Wellness Initiative—In support of the Health Innovation and Wellness Initiative, AADAC launched the Alberta Drug Strategy and conducted community consultations during development of this strategy. Stakeholder discussions were held in Calgary, Cold Lake, Drayton Valley, Edmonton, Peace River and Medicine Hat. In addition, AADAC's President and CEO was appointed to the Premier's Task Force on Crystal Meth, which will oversee the development of a province-wide, holistic strategy to address the harm associated with methamphetamine use. AADAC presented at workshops on prevention and treatment for methamphetamine at the national clinical conference Moving Forward 2006 hosted by the Government of Saskatchewan and AADAC also hosted the Alberta Community Drug Coalition Showcase held in Red Deer.

AADAC implemented a pilot project in Lac La Biche to increase the number of pregnant and at-risk women who are referred by physicians to addiction services. Physicians were provided best practice information and gender-specific resources, and agreements were established to accommodate on-site AADAC counselling. Participant interviews were initiated as part of the project evaluation.

AADAC hosted the first annual resource symposium Collaborating to Enhance Services for Women: Setting the Stage for Success. This event was for service providers and allied professional working with high-risk pregnant women who have experienced problems related to substance abuse. Presentations and displays by participating organizations provided information on their programs for women, and the referral and access process.

Aboriginal Policy Initiative—AADAC contributed to the Aboriginal Policy Initiative (API) by providing funding for 20 Aboriginal projects delivering tobacco prevention, education and cessation programs that focus on the sacred versus recreational use of tobacco. In five communities (Fort McKay, Fort McMurray, High Prairie, Siksika Reserve and Wetaskiwin) service providers who work with Aboriginal women received extensive instruction on the AADAC Enhanced Services for Women (ESW) Help Kit, enabling them to deliver the training to community and health service providers.

Economic Development and Innovation Initiative—AADAC's work with the Alberta Gaming and Liquor Commission (AGLC) to implement the Responsible Gaming Information Centre and to deliver Deal Us In

training for casino staff supports goals for this initiative. AADAC also continued to provide services at the Business and Industry Clinic in Grande Prairie that include a specialized treatment program for employees with substance abuse problems.

Leading in Learning and Skilled Workforce Initiative—AADAC supported the Leading in Learning and Skilled Workforce Initiative through the Better Together schools pilot project. In partnership with the Alberta School Boards Association, AADAC provided funding and staff support for schools and school districts to create substance abuse prevention and early intervention strategies that reflect local priorities and needs. In 2005–2006, three Better Together pilot sites were selected: Morinville/Legal, Lethbridge and Grasslands.

Alberta Children and Youth Services Initiative—AADAC continued to support the Alberta Children and Youth Initiative (ACYI) through membership in the ACYI Coordinating Committee, Youth in Transition Committee, Prevention of Child and Youth Sexual Exploitation Committee, Young Offenders and Mental Health Committee, Information Sharing and Training Advisory Committee, and Aboriginal Youth Suicide Prevention Strategy Committee. AADAC also co-led the development of the Aboriginal Youth Suicide Prevention Program in the northern Alberta communities of Cheteh and Paddle Prairie.

AADAC co-chaired the Provincial Steering Committee for Diverse Forces, a provincial family violence conference held in Edmonton. The Commission also implemented the addictions component of the Provincial Family Violence Treatment Program in five locations across the province (Calgary, Edmonton, Lethbridge, Medicine Hat and Red Deer).

In 2005–2006, AADAC recognized 10 information, prevention and treatment projects through the Youth Demonstration Project Awards. These awards honour AADAC and Funded Agency staff that have put the vision, beliefs and principles of the AADAC Youth Framework into action. AADAC's Youth Advisory Council reviewed the demonstration projects and chose their top three: PhotoSpeak: Photos by Youth on Health (AADAC Youth Services, Calgary), Peer Discussion Group (AADAC Area Office, Grande Prairie) and A-100 Project (AADAC Youth Services, Calgary).

AADAC participates on the Fetal Alcohol Spectrum Disorder (FASD) Cross-Ministry Committee and is one of three Alberta representatives on the Canadian Northwest FASD Partnership. AADAC also participated in the 6th Annual Fetal Alcohol Canadian Expertise (FACE) research

roundtable (Toronto) and Research Networking on Issues Related to Prevention of FASD Through Support to Women of Childbearing Years forum (Calgary).

Government Administrative Initiatives—AADAC supports key government administration initiatives. For example, as part of the Information and Communication Technology Initiative, 34 AADAC sites have been converted to Supernet. Videoconferencing was established at five AADAC locations and intrusion detection software was installed. AADAC continues to contribute to Service Alberta by maintaining and updating information on addiction-related services.

Two AADAC Teams—Enhanced Services for Women and Tobacco Reduction Unit were awarded bronze in the 2005 Premier's Awards of Excellence. The awards promote and recognize superior client service and business practices by public service teams in Alberta.

Human Resource Development

AADAC continued to emphasize human resource development in 2005–2006. To address workplace wellness, AADAC established learning and wellness accounts that support employees in their pursuit of life-long learning and personal health and wellness. The Wellness Connection, an intranet website page, was launched to provide information for staff on a variety of health and wellness topics. AADAC also hosted a staff Wellness Day conference that included keynote speakers and concurrent sessions on health and wellness.

AADAC acknowledged staff contributions to the organization through the annual CEO Awards of Excellence and the Recognition of Service Awards. Teams recognized in 2005–2006 included the Prevention Strategy Task Team, Concurrent Disorders Advisory Committee and Exploration–ACTION Team.

AADAC participated in the 2005 Alberta Government Corporate Employee Survey. Results were positive and on key measures, AADAC exceeded the combined results for government employees. Eighty-eight per cent of AADAC staff reported they were satisfied in their work as an employee of AADAC (compared to 78% across government) and 71% agree that they feel valued as employees of AADAC (compare to 54% across government).

To enhance employee development, AADAC delivered 134 training events, using a standardized core-training curriculum. AADAC training events increased 29% from 2004–2005 and attendance increased 36% during that time.

Organizational Effectiveness

AADC continued to address organizational effectiveness during 2005–2006 through enhancements to corporate and clinical practices, including the implementation of the Service Tracking Outcome Reporting system, enhancements to AADAC's system for collecting client and service data (ASIST), updates to all websites, development and distribution of prevention and treatment resources for staff, monitoring of emerging issues and trends, and transfer of research and knowledge.

Summary

Information—Results for information services performance measures were within 2% of target. In 2005–2006, 88% of Albertans surveyed were aware of AADAC, and 98% of women in Alberta were aware that alcohol use during pregnancy can lead to lifelong disabilities in a child.

Key activities that supported the Information Core Business include release of the *Alberta Drug Strategy*, continued leadership and coordination of the Alberta Tobacco Reduction Strategy and hosting of PAC'05.

Prevention—Prevalence of smoking and prevalence of regular heavy drinking among young Albertans has declined since 2001. These declines met or exceeded prevention performance targets. Eleven per cent of Albertans aged 12 to 19 years were current smokers and 31% of those aged 15 to 29 were regular heavy drinkers of alcohol.

Key activities that supported the Prevention Core Business included airing of two television ads in support of the *Co-ordinated Alberta Response to Methamphetamine*, opening of the Responsible Gambling Information Centre and grant funding to community groups.

Treatment—One performance target for treatment services was exceeded and one was not met. Ninety-six per cent of clients reported they were "somewhat satisfied" or "very satisfied" with services received and 91% of clients reported they were "abstinent" or "improved" three months after treatment.

Key activities that supported the Treatment Core Business were expansion of youth services with the addition of detoxification and residential treatment programs, the launch of albertaquits.ca and development of *Building Capacity: A Framework for Serving Albertans Affected by Addiction and Mental Health Issues*.

Corporate activities included AADAC's cross-ministry work and human resource development. AADAC continued to contribute to key cross-government strategies such as the Health Sustainability Initiative, Aboriginal Policy Initiative, Economic Development Strategy, and the Alberta Children and Youth Initiative. AADAC also continued to address organizational effectiveness through its focus on human resource development.

Conclusion

Substance use and gambling problems occur at all levels of society and within communities throughout Alberta. At some point in their lives, many Albertans will experience personal problems related to alcohol, other drugs or gambling. Others will face difficulties because of someone else's addiction.

Substance use and gambling problems are expensive. Substantial costs are incurred by the health care and justice systems, by business and industry and by the community at large. A recent Canadian study estimated that the social and economic cost of substance abuse totalled $4.4 billion in 2002, or $1,414 for each person in the province. The costs associated with alcohol abuse in Alberta amounted to $1.6 billion; tobacco use cost $1.8 billion and illicit drug abuse cost $979 million.[1]

Demand for AADAC services continues to increase as a result of changing demographics, increased complexity of client issues, growing concerns about the use of new substances and public debate about problems associated with gambling. The Commission will respond to this increased demand by continuing its focus on individuals and families and their needs. The Commission will ensure Albertans have access to a continuum of programs, strategically invest in the extension of services where impact will be greatest (e.g., for youth) and strengthen valued partnership with local, provincial and national stakeholders to increase overall system co-ordination and capacity.

[1] Rhem, J., Baliunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., et al. (2006). The costs of substance abuse in Canada: Highlights. Ottawa, ON: Canadian Centre on Substance Abuse.

APPENDIX

Performance Measure Sources

Core Business: Information

Awareness of AADAC: AADAC Public Opinion Survey (2003); Alberta Survey (2004, 2005, 2006).

For 2005–2006, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of AADAC. Data were collected through telephone interviews of 1,207 randomly selected Albertans aged 18 years and older (response rate = 28.9%). The margin of error for these results is ±2.8%, 19 times out of 20.

Respondents were asked: "Prior to me phoning you today, were you aware of the Alberta Alcohol and Drug Abuse Commission, or AADAC?"

Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child: Environics Research Group, Health Canada (2000); Alberta Survey (2004, 2005, 2006).

For 2005–2006, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of harms associated with alcohol consumption during pregnancy. Data were collected through telephone interviews of 1,207 randomly selected Albertans aged 18 years and older (response rate = 28.9%) that included 604 women. The margin of error for these results is ±2.8%, 19 times out of 20.

Respondents were asked: "True or false—alcohol use during pregnancy can lead to life-long disabilities in a child?"

Core Business: Prevention

Prevalence of smoking: Statistics Canada: Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005).

Daily and occasional smoking combined was reported for Albertans 12 to19 years of age. For 2005, the CCHS includes a sample of Albertans 12 years and older (n = 11,800) with a response rate of 81.5%. The 95% confidence interval for the sample of Albertans 12 to 19 years of age was 8.8–12.9 for the reported result.

Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Prevalence of regular, heavy drinking: Health Surveillance, Alberta Heath and Wellness, Statistics Canada: Canadian Community Health Survey (CCHS) (2000/2001, 2003); Statistics Canada: CCHS (2005).

Regular, heavy drinking is defined as the consumption of five or more alcoholic drinks on one occasion, 12 or more times a year for Albertans 15 to 29 years of age. For 2005, the CCHS includes a sample of Albertans 12 years and older (n = 11,800) with a response rate of 81.5%. The 95% confidence interval for the sample of Albertans 15 to 29 years of age was 28.3–32.9 for the reported result.

Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Core Business: Treatment

Client satisfaction: AADAC Treatment Follow-up Survey database (2001/2002–2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-up Survey (April 2005–March 2006) & Detox Feedback Survey (April 2005–March 2006)

Client satisfaction was assessed from two sources. Results from both sources were combined and weighted to provide total client satisfaction (n = 9,244).

An independent private research contractor conducted follow-up telephone interviews with treatment clients. Clients entering treatment services who gave consent for follow-up (excluding detoxification) were eligible for telephone interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. A random sample of 7,078 clients was telephoned three months after treatment completion. A total of 2,544 clients were interviewed and asked to rate their level of satisfaction with services received (response rate = 35.9%). The margin of error is ±1.9%, 19 times out of 20.

Client satisfaction with detoxification was measured by a self-administered feedback survey given to clients at the end of service. Of the 11,505 client receiving detoxification services, 6,700 surveys were returned (response rate = 58.2%).

Client improvement: Client improvement was assessed using the same process as in client satisfaction. Number of clients interviewed, response rate and margin of error are as above. Clients were interviewed and asked about their level of substance use and gambling. Improvement was indicated if clients were "abstinent" or "improved" three months after treatment.

MANAGEMENTS RESPONSIBILITY FOR FINANCIAL REPORTING

The preparation of these financial statements and management's discussion and analysis contained in this annual report is the responsibility of management. The financial statements have been prepared in conformity with Canadian generally accepted accounting principles, using methods appropriate for the industry in which the Commission operates and necessarily include some amounts that are based on informed judgments and best estimates of management.

Management is responsible for maintaining a system of internal controls designed to provided reasonable assurance as to the reliability of financial information and to ensure Commission assets are safeguarded and liabilities are recognized. These control systems are subject to periodic review.

The Alberta Auditor General is responsible to express a professional opinion on these financial statements.

The Commission Board's Audit Committee, comprised of non-management Board members, oversees management's responsibilities for financial reporting. The Audit Committee meets regularly with management and Auditor General representatives to discuss auditing and financial matters, gain assurance that management is carrying out its responsibilities, and to review the financial statements. The auditors have full and free access to the Audit Committee.

R.M. Finnety
President and Chief Executive Officer

Karen Graham, CA
Senior Director, Finance

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
FINANCIAL STATEMENTS FOR THE YEAR ENDED
MARCH 31, 2006

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Cash Flows

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Schedule of Expenses by Object and Core Business – Schedule 2

Schedule of Allocated Costs – Schedule 3

AUDITOR GENERAL
Alberta

AUDITOR'S REPORT

To the Members of the Alberta Alcohol and Drug Abuse Commission

I have audited the statement of financial position of the Alberta Alcohol and Drug Abuse Commission as at March 31, 2006 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Fred J. Dunn FCA
Auditor General

Edmonton, Alberta
May 19, 2006

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2006

(In thousands)

	2006	2005
ASSETS		
Current Assets:		
Cash (Note 3)	$ 10,074	$ 10,880
Accounts Receivable	1,028	521
Inventory	329	360
Prepaid Expenses	26	36
	11,457	11,797
Tangible Capital Assets (Note 4)	476	549
	$ 11,933	$ 12,346
LIABILITIES AND ACCUMULATED SURPLUS		
Current Liabilities:		
Accounts Payable	$ 4,651	$ 4,981
Accrued Vacation Pay	3,643	3,753
Deferred Contributions (Note 7)	267	355
Unearned Revenue	34	37
	8,595	9,126
Accumulated surplus:		
At beginning of year	3,220	2,411
Net operating results	118	809
At end of year	3,338	3,220
	$ 11,933	$ 12,346

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2006

(In thousands)

	2006		2005
	Budget (Note 9)	Actual	Actual
Revenues (Schedule 1):			
Internal government transfers:			
Department of Health and Wellness	$ 72,316	$ 72,816	$ 65,649
Fees	1,538	1,529	1,457
Investment Income	388	544	500
Other	82	2,699	1,113
	74,324	77,588	68,719
Expenses – Directly Incurred: (Schedule 2 and 3, Note 2 (b))			
Programs:			
Community services	33,551	37,714	32,282
Residential treatment services	17,183	14,406	13,552
Detoxification services	10,212	12,723	8,619
Research, information and monitoring	9,036	8,723	9,777
Administration	4,342	4,014	3,282
Accrued vacation pay adjustment	-	(110)	398
	74,324	77,470	67,910
Net operating results	$ -	$ 118	$ 809

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2006

	(In thousands)	
	2006	**2005**
Operating Activities:		
Net operating results	$ 118	$ 809
Add non-cash charges:		
Amortization of capital assets	192	126
	311	935
(Decrease)/Increase in non-cash working capital	(997)	637
Cash (used) provided by operating activities	(687)	1,572
Investing activities:		
Acquisition of capital assets	(119)	(384)
Net cash (used) provided	(806)	1,188
Cash at beginning of year	10,880	9,692
Cash at end of year	$ 10,074	$ 10,880

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2006

Note 1 Authority and Purpose

The Alberta Alcohol and Drug Abuse Commission (Commission) is an agent of the Crown under the authority of the Alcohol and Drug Abuse Act, Chapter A-38, Revised Statutes of Alberta 2000. The Commission is dependent on grants from the Department of Health and Wellness for funding its programs and for meeting its obligations as they become due.

The Commission's purpose is to assist Albertans in achieving a life free from the abuse of alcohol, other drugs and gambling. The Commission does this by providing community-based information, prevention and treatment services.

The Commission is a Government of Alberta agency and is not subject to Canadian taxes.

Note 2 Summaries of Significant Accounting Policies and Reporting Practices

The recommendations of the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants are the primary source for the disclosed basis of accounting. These financial statements are prepared in accordance with the following accounting policies that have been established by government for all departments.

(a) Revenue Recognition

Operating grants from the Department are recognized as revenue when they are receivable.

Unrestricted donations are recognized as revenue when they are received. Donations of materials and services that would otherwise have been purchased are recorded at fair value when it can reasonably be determined.

Externally restricted donations are deferred and are recognized as revenue in the period in which the related expenses are incurred.

(b) Expenses

Directly Incurred

Directly incurred expenses are those costs the Commission has primary responsibility and accountability for, as reflected in the government's budget documents.

Directly incurred expenses are included on Schedules 2 and 3, as well as the Statement of Operations.

Incurred by Others

Services contributed by other entities in support of the Commission's operations are disclosed in Schedule 3.

Note 2 Summaries of Significant Accounting Policies and Reporting Practices (continued)

(c) Inventory

Inventory is valued at the lower of cost and replacement cost with cost being determined principally on a first-in, first-out basis.

(d) Tangible Capital Assets

Tangible capital assets are recorded at historical cost net of accumulated amortization. The threshold for capitalizing assets is $5,000. Amortization is provided over the estimated useful lives of the assets as follows:

Furniture and equipment	- 10 years straight-line
Computer equipment and software	- 3 years straight-line

(e) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of accounts receivable, accounts payable, and accrued liabilities are estimated to approximate their book values. Subsequent actual amounts, which may vary from estimates, will impact future financial results.

(f) Financial Instruments

The Commission's financial instruments consist of cash, accounts receivable, accounts payable, and amounts due to related parties. Unless otherwise noted, it is management's opinion that the Commission is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Note 3 Cash
(In thousands)

Cash consists of deposits in the Consolidated Cash Investment Trust Fund (Fund) of the Province of Alberta. The Fund is managed with the objective of providing competitive interest income to depositors while maintaining appropriate security and liquidity of depositors' capital. The portfolio is comprised of high quality short-term and mid-term fixed income securities with a maximum term to maturity of three years. As at March 31, 2006, securities held by the Fund have an average effective market yield of 3.96% per annum (March 31, 2005: 2.79% per annum).

Interest is earned on the Commission's daily cash balance at the average rate of the Fund's earnings, which vary depending on prevailing market interest rates. The Commission retains the interest earned on all of its bank accounts, and reflects it as income. Interest income of $544 (2005 $500) was earned during the year on this account and is reflected in the financial statements.

Due to the short-term nature of these deposits, the carrying value approximates fair value.

Note 4 Tangible Capital Assets
(In thousands)

Capital assets consist of the following:

	2006			2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Computer equipment and software	$ 891	$ 589	$ 302	$ 390
Furniture and equipment	331	157	174	159
	$ 1,222	$ 746	$ 476	$ 549

Note 5 Contractual Obligations
(In thousands)

(a) The Commission leases certain vehicles and equipment under operating leases that expire on various dates through to January 31, 2010. The aggregate amounts payable for the unexpired terms of these leases are as follows:

2007	$ 149
2008	$ 120
2009	$ 97
2010	$ 48

(b) The Commission has certain contractual obligations for contracts, which extend into 2007 and 2008. The value of the contractual obligation is $82 in 2007 and $60 in 2008.

Note 6 Contingent Liabilities
(In thousands)

The agency has a contingent liability in respect of a claim concerning the methodology used to calculate pension benefit payments under PSPP. The claim has been filed jointly and severally against the Province of Alberta and the employers participating in PSPP. The claim specified an amount of $1,250,000.

At March 31, 2006, the Commission is a defendant in two legal claims (2005 - one claim $285). The specified amount of the claims is $470.

The resulting loss, if any, from these claims cannot be determined.

Note 7 Deferred Contributions

(In thousands)

Deferred contributions consist of unexpended funds from donations to the Memorial Trust. These are externally restricted contributions to be used to supplement the work of the Commission in the areas of research and education and to acquire capital assets. Changes in deferred contributions are as follows:

	2006	2005
Donations	$ 19	$ 32
Interest Earned	8	8
Transferred to Revenue	(115)	-
(Decrease)/Increase during the year	(88)	40
Balance at beginning of year	355	315
Balance at end of year	$ 267	$ 355

Note 8 Defined Benefit Plans

(In thousands)

The Commission participates in the multi-employer pension plans, Management Employee Pension Plan and Public Service Pension Plan. The Commission also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $2,650 for the year ended March 31, 2006 (2005 – $2,162) and is reflected in Employer Contributions on Schedule 2.

At December 31, 2005, the Management Employees Pension Plan reported a deficiency of $165,895 (2004 – $268,101) and the Public Service Pension Plan reported a deficiency of $187,704 (2004 – $450,068). At December 31, 2005, the Supplementary Retirement Plan for Public Service Managers had a surplus of $10,018 (2004 – $9,404).

Note 9 Approvals

(a) Budget

The budget amounts shown on the statement of operations agree with the 2005/06 Government Estimates. The budget amounts shown on Schedules 1 and 2 provide additional revenue information and present expenses by object. The Members of the Commission approved these budgets on April 22, 2005.

(b) Financial Statements

These financial statements and accompanying notes were approved on June 1st, 2006 by the Members of the Commission.

Note 10 Related Party Transactions
(In thousands)

Related parties are those entities consolidated in the Province of Alberta's financial statements. Related parties also include management in the Commission.
For purposes of this schedule, the related parties are separated into "Entities in the Ministry" which includes only the Department of Health and Wellness, and "Other Entities".

The Commission and its employees paid and collected certain fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

	Entities in the Ministry		Other Entities	
	2006	2005	2006	2005
Revenues:				
Grants	$ 72,816	$ 65,649	$ -	$ -
Fees & charges	825	-	853	-
	73,641	65,649	853	-
Expenses:				
Other Services	$ 319	$ -	$ 1,248	$ 839
Receivables from	$ 197	$ -	$ 110	$ -
Payables to	$ 58	$ -	$ 73	$ 105

The Commission also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related parties are estimated based on the costs incurred by the service provider to provide the services. These amounts are not recorded in the financial statements and are disclosed on Schedule 3.

	Entities in the Ministry		Other Entities	
	2006	2005	2006	2005
Expenses:				
Legal Fees	$ -	$ -	$ 47	$ 10
Accommodation	-	-	7,794	7,141
	$ -	$ -	$ 7,841	$ 7,151

Note 11 Federal/Provincial Cost Sharing Agreements
(In thousands)

The Province of Alberta recovers part of its contributions to the Commission from the Government of Canada under the Alcohol and Drug Treatment and Rehabilitation (ADTR) agreement and records this recovery in the financial statements of the Department of Health and Wellness. The ADTR claim relating to the Commission's activities for the year ended March 31, 2006 amounts to approximately $1,415 (2005 $1,415).

The Province of Alberta received a further $65.5 per year relating to fiscal years 2002-2003 and 2003-2004 for a total of $131.

Note 12 Salaries, Wages, Benefits and Allowances
(In thousands)

	2006				2005
	Base Salary[a]	Other Cash Benefits[b]	Other Non-cash Benefits[c]	Total	Total
Chairman of the Board	$ 18	$ -	$ -	$ 18	$ 14
Board Members[d]	38	-	-	38	25
President & Chief Executive Officer[e,f]	157	24	10	191	196
Vice President, AADAC[f]	150	25	33	208	179
Vice President, Corporate Services Division[f]	132	21	30	183	150
Vice President, Community Services Division[f]	126	21	28	175	148
Vice President, Provincial Services Division[f]	127	21	28	176	148
Executive Director, Information Services Branch[f]	-	-	-	-	146
Director, Provincial Initiatives[f]	-	-	-	-	130
Director, Urban Services[f]	-	-	-	-	132
Senior Director, National Research Coordination[f]	-	-	-	-	123

(a) Base Salary includes pensionable base pay.

(b) Other cash benefits include bonuses, vacation payments, overtime, and lump sum payments.

(c) Other non-cash benefits include the Commission's share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, group life insurance, short and long-term disability plans, tuition fees, conference fees, and professional memberships.

(d) There were ten Board members in both years.

(e) An amount has not been included in benefits and allowances for the automobile provided to the President & Chief Executive Officer.

(f) The Commission reorganized its corporate structure in December 2005. The former Chief Executive Officer became President & Chief Executive Officer. The former Executive Director, Program Services became Vice President AADAC. The former Executive Director, Corporate Services became the Vice President Corporate Services Division. The Executive Director, District and Youth Services became the Vice President, Community Services Division.

The Director, Residential Services became the Vice President, Provincial Services Division. The Executive Director, Information Services, Director Provincial Initiatives, Director of Urban Services and the Senior Director, National Research Coordination positions were changed. They are not members of the senior decision making group and their salaries are not disclosed.

Schedule 1

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2006

(In thousands)

	2006		2005
	Budget	Actual	Actual
Internal government transfers:			
Department of Health and Wellness	$ 72,316	$ 72,816	$ 65,649
Premiums, Fees and Licenses:			
Fees:			
Clients	1,538	1,529	1,438
Seminars	-	-	19
	1,538	1,529	1,457
Investment Income (Note 3)	388	544	500
Other:			
Donations	-	21	18
Publications	40	23	33
Miscellaneous - Contracted Services	-	2,509	929
- Sundry & Miscellaneous at Residential sites	42	137	111
- General	-	9	22
	82	2,699	1,113
Total revenues	$ 74,324	$ 77,588	$ 68,719

Schedule 2

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS
FOR THE YEAR ENDED MARCH 31, 2006

(In thousands)

EXPENSES BY CORE OBJECT	2006 Budget	2006 Actual	2005 Actual
Manpower:			
Salaries	$ 33,342	$ 32,770	$ 28,918
Employer Contributions	6,217	6,043	5,270
Wages	3,095	3,604	2,873
Allowances and benefits	662	617	276
	43,316	43,034	37,337
Grants:			
Direct financial assistance to agencies[1]	15,443	15,759	14,532
Other:			
Professional, technical, and labor service	8,934	9,046	9,335
Materials and supplies	2,396	3,289	3,071
Travel and relocation	1,314	1,610	1,102
Advertising	1,246	2,688	761
Rentals	403	427	362
Telephones	390	415	352
Voluntary separation payments	-	50	59
Freight and postage	99	65	86
Board members' fees	15	56	39
Purchased services - other	476	507	498
Repair and maintenance	48	250	107
Insurance	47	50	38
Amortization	138	192	126
Hosting	59	67	46
Bad debts (recovery)	-	(37)	57
Other operating expenses	-	2	2
	15,565	18,677	16,041
	$ 74,324	$ 77,470	$ 67,910

Schedule 2 (continued)

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS
FOR THE YEAR ENDED MARCH 31, 2006

(In thousands)

EXPENSES BY CORE BUSINESS	2006 Budget	2006 Actual	2005 Actual
Core Business:			
Treatment	$ 47,024	$ 48,459	$ 46,268
Information	14,895	15,656	14,791
Prevention	12,405	13,355	6,851
	$ 74,324	$ 77,470	$ 67,910

(a) For the years ended March 31, 2006 and 2005, direct financial assistance was given to 37 not-for-profit organizations operating at arms-length from the Commission.

Schedule 3

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2006

(In thousands)

	2006					2005
			Expenses Incurred by Others			
	Expenses[1]	Accrued Vacation Pay Adjustment	Legal Services[2]	Accommodation Costs[3]	Total Expenses	Total Expenses
Programs:						
Community services	$ 37,714	$ (62)	$ -	$ 3,035	$40,687	$ 35,287
Residential treatment services	14,406	(11)	-	2,462	16,857	15,872
Detoxification services	12,723	(9)	-	1,769	14,483	10,278
Research information and monitoring	8,723	(18)	-	377	9,082	10,162
Administration	4,014	(10)	47	151	4,202	3,462
	$77,580	$ (110)	$ 47	$ 7,794	$ 85,311	$ 75,061

[1]Expenses – Directly Incurred as per Statement of Operations excluding Accrued Vacation pay adjustment.
[2]Cost shown for Legal Services in Note 10, allocated by estimated cost incurred by each program.
[3]Costs shown for Accommodation (includes grants in lieu of taxes) in Note 10, allocated by square footage.

AADAC

ALBERTA ALCOHOL AND
DRUG ABUSE COMMISSION

For more information, contact your local AADAC office,
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